

A. Space Identification

Describe location: _____ CS ID# _____ Date/Time: _____

Reason for Entry: _____

Names of Entrants: _____

Have all Entrants been trained? Yes ☐ No ☐ If No, entry is not permitted.

B. Hazard Assessment

Answer both questions

1. Has a hazard assessment been conducted for this space?
☐ Yes - Next question ☐ No - Do not enter space, contact H&S Technician
2. Will work introduce a hazard into the space?
☐ Yes - Contact H&S Technician ☐ No - Proceed to Section C

C. Type of Entry

Review hazard assessment information and check only one for this entry

- ☐ Permit Required Confined Space entry procedures Complete Section D,E &F
☐ Alternate Entry Procedures (29 CFR 1910.146 (c)(5)) Complete Section E &F
☐ Downgrade to non-permit entry procedures ((c)(7)) Complete Section F

Alternate entry or downgrade procedure documentation (IWS/SP): _____

D. Permit-Required Confined Space Entry

Required Controls (Justify any "No" responses)

Attendant Name: _____

Has Attendant been trained?

Yes ☐ No ☐

Has Pre-notification to LLNL Fire Dispatch
(ext. 2-7595) been made?

Yes ☐ No ☐ n/a ☐

Are barricades installed?

Yes ☐ No ☐

Describe two-way communication: _____

Has space been purged and ventilation installed?

Yes ☐ No ☐

Will entrants use harnesses and retrieval lines?

Yes ☐ No ☐ n/a ☐

Will a mechanical retrieval system be used?

Yes ☐ No ☐ n/a ☐

If Yes, what type: _____

If applicable, check HAC for PPE requirements.

Safe Entry Conditions

Description of hazard to be eliminated prior to entry: _____

Method of elimination (i.e. LOTO, Double block and bleed, etc.) _____

E. Atmospheric Monitoring

	<u>Initial</u>	<u>Periodic</u>	<u>Continuous</u>	<u>Readings/Time</u>			
% Oxygen (>19.5%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Combustibility (<10% LEL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
H ₂ S (<10 ppm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
CO (<35 ppm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Instrument: _____ Cal date: _____

Person conducting monitoring: _____ Training Cert. No. _____

Is IDLH environment present? Yes ☐ No ☐ If yes, do not enter; contact ES&H Team.

For Alternate Entry Procedures only, describe how forced air ventilation will be used : _____

Have safe entry conditions been met?

Yes ☐ No ☐

Additional Permits (e.g. Hot Work Permit)?

List: _____

Comments: _____

F. Certification

Entry Supervisor Signature: _____ Date: _____

H&S Technician or HCD

Designee Signature: _____

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